



PANDIAN SARASWATHI YADAV ENGINEERING COLLEGE

(Approved by AICTE & Affiliated to Anna University, Chennai)

Madurai - Sivagangai Highway, Arasanoor, Thirumansolai Post, Sivagangai Dt. - 630 561, Tamilnadu

Mobile : 9842102628, 7373002628

Email: info@psyec.edu.in

Website : www.psyec.edu.in

City Office : 10, Pandian Saraswathi St, Sivagami Nagar, Narayanapuram, Madurai - 625 014. Telefax- 0452 2682338, Mobile : 98423-02628

PERMISSION LETTER

From

The Head of the Department,
Computer Science and Engineering,
Pandian Saraswathi Yadav Engineering College,
Arasanoor-630561.

To

The Principal,
Pandian Saraswathi Yadav Engineering College, Arasanoor-630561.

Respected Sir,

Sub: Requesting permission for seminar on 12.11.2019

We want to conduct the seminar for second and third year students on the topic of "Mobile Application Development" on 12.11.2019 in Seminar hall at 10.00 am to 4.00 pm with the expert Mr. Saravana Babu Chief operating officer, Ace Labs solution pvt.Ltd, Madurai.so, we kindly request you to grant us permission to organize the programme.

Thanking You,

Yours sincerely,

Head Of The Department
PSY Engineering college

PRINCIPAL
PANDIAN SARASWATHI YADAV
ENGINEERING COLLEGE
Arasanoor, Thirumansolai P.O-630 561
Sivagangai Dist, Tamil Nadu



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Date:10.11.2019

CIRCULAR

We are Pleased to inform you that Department of Computer Science and Engineering and **Ace Labs solution pvt.Ltd**, organizing a seminar on Mobile Application Development on 12.11.2019 in seminar hall at 10.00 am to 4.00 pm with the expert Mr.Saravana Babu Chief operating officer, The Second and third Year students attend the seminar.

Date :12.11.2019

Time:10.00 a.m to 4.00 p.m

ADMINISTRATOR

PRINCIPAL





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DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING ACE LABS PRIVATE LIMITED INTERNSHIP REPORT

We have provided a Seminar on “Mobile Application Development “upto 12.11.201 9in **Ace Labs solution pvt.Ltd**, 10.00 a.m to 4.00 p.m.All Second and third year students attended the seminar. The interactive nature of the session facilitated engaging discussion .Students actively participated by asking insightful question ,seeking clarification on technical aspects , expressing their curiosity about the practical application on mobile application development.



N. S. P.

ADMINISTRATOR

R. J.

PRINCIPAL

PRINCIPAL
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ENGINEERING COLLEGE
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FEEDBACK REPORT

Event name : <i>Mobile Application Development FACE LABE Solution Pvt. Ltd</i>						
Date	<i>12.11.2019</i>	Academic year	<i>2019-2020</i>			
Year & Semester	<i>III / 5th</i>	Administrator:	<i>Mr. W. Saravana Babu.</i>			
Reg. no:	<i>912017104021</i>	Name of the student:	<i>K.Nithes Kumar.</i>			
Department: <i>Computer Science and Engineering</i>						
If you have recently attended one of our training sessions, we encourage you to leave feedback for us. This will help us improve our future sessions and better meet the needs of our faculty						
S. No	Criteria	Rating				
		5	4	3	2	1
1	Did the program meet your expectations?	<input checked="" type="checkbox"/>				
2	Did the resource person actively engaged you?	<input checked="" type="checkbox"/>				
3	Was the duration of the program appropriate?		<input checked="" type="checkbox"/>			
4	Did the resource person answer your question?	<input checked="" type="checkbox"/>				
5	How do you rate the overall usefulness of the program/	<input checked="" type="checkbox"/>				

K.Nithes Kumar.
Students Signature

Date: *12.11.2019*



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FEEDBACK REPORT

Event name : <i>Mobile Application Development [ACE LABS Solution Pvt. Ltd]</i>						
Date	<i>12.11.2019</i>	Academic year	<i>2019 - 2020</i>			
Year & Semester	<i>II / 03</i>	Administrator:	<i>Mrs. N. Saravana babu</i>			
Reg. no:	<i>912018104033</i>	Name of the student:	<i>S. Shivani</i>			
Department: <i>computer science and Engineering.</i>						
If you have recently attended one of our training sessions, we encourage you to leave feedback for us. This will help us improve our future sessions and better meet the needs of our faculty						
S. No	Criteria	Rating				
		5	4	3	2	1
1	Did the program meet your expectations?	<input checked="" type="checkbox"/>				
2	Did the resource person actively engaged you?	<input checked="" type="checkbox"/>				
3	Was the duration of the program appropriate?		<input checked="" type="checkbox"/>			
4	Did the resource person answer your question?	<input checked="" type="checkbox"/>				
5	How do you rate the overall usefulness of the program/	<input checked="" type="checkbox"/>				

S. Shivani
Students Signature

Date: *12.11.2019*



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STUDENT NAMELIST

S.NO	REGISTER NO	STUDENTS NAME	SIGNATURE
1	912016103001	AJITH M	Ajith
2	912016103002	AJITHKUMAR A	Ajith
3	912016103003	AJITHKUMAR P	Ajith
4	912016103004	ALAGUPANDI I	I. Alagupandi
5	912016103005	ANNAMUTHU S	Annamuthu
6	912016103006	ARAVINTHAN M	Aravintan
7	912016103007	ARUMUGAM P	Arumugam
8	912016103008	ARUNKUMAR R	Arunkumar
9	912016103009	ASHOK A	Ashok
10	912016103010	BALAKRISHNAN S	Balakrishnan
11	912016103011	BISMITHA S	Bismitha
12	912016103012	DIANALAKSHMI M	Dianalakshmi
13	912016103013	DILARUN A	Dilarun
14	912016103014	ELANKALAIVANAN M	Elankalaivanan
15	912016103015	GOKULSANTH K	Gokulsanth
16	912016103017	HARIHARAN S	Hariharan
17	912016103018	HARI PRASATH G	Hari Prasath
18	912016103019	JAYA SURIYA L	Jaya Suriya
19	912016103020	KARNAN S	Karnan
20	912016103021	KARTHIK IYYAPPAN M	Karthik